World Health Organization

FIRST MEETING OF THE INTERGOVERNMENTAL NEGOTIATING BODY TO DRAFT AND NEGOTIATE A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE
Geneva, 24 February 2022
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A/INB/1/9
3 June 2022

Summary report on the results of the INB digital platform

BACKGROUND

1. Pursuant to World Health Assembly decision SSA2(5) (2021), a digital platform was developed to support Member States in identifying substantive elements for inclusion in a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response. This initiative was part of the work of the Intergovernmental Negotiating Body (INB) established under decision SSA2(5), and the INB Bureau, and followed the process set out in document A/INB/1/5 Rev.1.

2. The WHO Secretariat supported the INB Bureau in the development and application of the digital platform. The platform was launched on 25 March 2022 with a deadline for providing inputs of 29 April 2022, which was subsequently extended to 13 May 2022 at the request of Member States. Inputs were divided into those received by Member States and those received by relevant stakeholders. The Member State category included 194 Member States, three Associate Members, and one regional economic integration organization (the European Union). The relevant stakeholder category included 17 United Nations and other intergovernmental organizations in effective relations with WHO, 8 observers, 217 non-State actors in official relations with WHO, and 43 other stakeholders as decided by the INB.

3. A unique identifier link was generated for each entity (Member States and relevant stakeholders) that had been invited to provide inputs in the digital platform, which was communicated to the respective participants by email. Email recipients were informed that they could share the link with their colleagues so as to provide the fullest, collective responses possible and that they could return to the platform by using the link as many times as necessary to complete their responses, until the extended deadline.

4. A dedicated email account was created as the official communication channel for the platform.

STRUCTURE OF THE INB DIGITAL PLATFORM

5. The INB digital platform was comprised of two components on two separate webpages: (a) an online tool with 58 substantive elements (with a comment box next to each substantive element); and (b) a separate section for providing open-ended, written submissions.

6. Taking into account the work of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, the online tool was organized around the four strategic pillars of equity, leadership and governance, systems and tools, and financing. This

organization was based on that of the WHO dashboard of COVID-19-related recommendations.[1] A fifth category of elements from WHO instruments under the three relevant constitutional provisions was also included in order to support the identification of elements appropriate for the potential international instrument, in line with document A/INB/1/5.

7. On the online tool page, against each of the 58 substantive elements listed, a dropdown menu allowed respondents to answer "yes" or "no" as to whether that substantive element should be included in the potential international instrument. All questions were optional.

8. Mindful that the digital platform was available in English only and owing to time and practical considerations, the Secretariat translated the potential list of substantive elements and the instructions/guidance on how to provide input into the other five WHO official languages so as to facilitate the participation of Member States. The translated versions were shared with Member States via the respective regional offices and were uploaded to the digital platform to facilitate Member States' easy access. On the open submission page, respondents were informed that they could provide comments in any of the WHO official languages. Given the limited resources and time, answers provided in languages other than English were passed through a free digital, online translation tool. A further function of the platform allowed respondents to review their responses and to download a PDF version of their input.

9. For both the online tool and the open-ended submissions, Member State respondents were required to answer "yes" or "no" to two questions regarding confidentiality, namely (i) whether their inputs could be shared with other Member States; and (ii) whether their input could be made public.

10. During data validation and subsequent quality checks, the Secretariat noted that some Member States had submitted responses on behalf of their region. The Secretariat cross-checked responses submitted individually on behalf of a region or group and adjusted the number of respondents accordingly.

SUMMARY ANALYSIS: ONLINE TOOL AND OPEN-ENDED SUBMISSIONS

11. A total of 482 entities (Member States and relevant stakeholders) were invited to participate in the digital platform, of which 159 entities provided responses (102 out of 197 entities in the category of Member States; 57 out of 285 entities in the category of relevant stakeholders). The overall response rate for all entities was 33% (52% Member States; 20% relevant stakeholders). Approximately 90% of Member State respondents agreed to share their responses with other Member States while only 62% of those respondents agreed that their responses could be made public.

12. Member States and stakeholder respondents appeared to place equal importance on all 58 substantive elements, with an average "yes" response of 97.5% and an average "no" response of 2.5% per element.

13. A total of 10 out of 58 substantive elements received 100% "yes" responses from both categories of Member States and relevant stakeholders. These included: substantive elements 1.5 under equity; 2.4 and 2.7 under leadership and governance; 4.3 under financing; and 5.1, 5.2, 5.3, 5.4, 5.5 and 5.6 under the relevant constitutional provisions.[2] In addition, there were 15 substantive elements that had a 100%

[1] WHO dashboard of COVID-19-related recommendations: https://extranet.who.int/COVID-19recommendations/ (accessed 29 May 2022).

[2] See Annex for list of substantive elements.

"yes" response from either Member States or relevant stakeholders. These included substantive elements 1.4, 1.10, 1.11 and 1.14 under equity; 2.3, 2.8, 2.9 and 2.10 under leadership and governance; 3.1, 3.2, 3.8, 3.13, 3.14 and 3.16 under systems and tools; and 5.7 under the three relevant constitutional provisions.[1]

14. A total of 48 out of the 58 substantive elements had at least one "no" response with a response rate between 1% and 8%. A total of 7 out of 58 substantive elements received a "no" response rate of over 5% from both Member States and relevant stakeholders. This included: substantive elements 1.1 and 1.16 under equity; 3.3, 3.6, 3.10 and 3.19 under systems and tools; and 4.5 under financing.[1] The substantive elements that had the highest rate of "no" responses (8%) were elements 3.6 and 3.19 under systems and tools.[1] The substantive elements with the lowest rate of "no" responses (1%) were elements 1.4 and 1.10 under equity; 2.3. and 2.8 under leadership and governance; 3.8 and 3.14 under systems and tools; and 5.7 under the three relevant constitutional provisions.[1]

15. Comments for opting "no" to some of the elements suggested that several substantive elements overlapped with Member State normative functions (1.1, 1.2, 3.6, 3.19, 4.1), WHO normative functions (1.7, 1.8, 1.10, 1.13, 1.16, 3.6, 3.16, 3.17, 3.19), International Health Regulations (2005) provisions (3.7, 3.13), the Framework of Engagement with Non-State Actors (2.3), and other domestic policies (2.9, 4.1, 4.2, 4.5).[1] Repetition (1.9, 1.15, 2.1, 2.10) and duplication of efforts (2.10) were highlighted as additional concerns in the comments.[1] Lastly, some comments suggested certain substantive elements should be reassigned to different strategic pillars (1.14, 2.6).[1]

16. Several comments indicated that further clarity would be needed for certain substantive elements in terms of definitions, specifications, decision-making processes, players, accountability, budget, mechanisms, or frameworks within the potential international instrument.

17. A total of 3008 specific comments on substantive elements were submitted through the digital platform, of which 2265 comments were from Member States and 743 were from relevant stakeholders. A total of 83 open-ended submissions were received through the digital platform, of which 45 were from Member States and 38 were from relevant stakeholders. The comments made by Member States showed overall support and recognition of the importance of all 58 elements for the potential international instrument.

18. Many of the respondents structured their feedback in their open-ended submissions based on the strategic pillars previously agreed by Member States: equity; leadership and governance; financing; and systems and tools.

19. Under the strategic pillar of equity, some respondents emphasized that ensuring timely and equitable access and distribution to tools, vaccines and other medical countermeasures was of paramount importance for pandemic preparedness and response. All populations should have access to life-saving and safe clinical care, including mental health care, regardless of social or economic status or geographic location. Health services for vulnerable groups and those with comorbidities should also be prioritized. Moreover, the following elements were identified as key considerations, particularly in support of low- and middle-income countries: building and scaling up local and regional manufacturing capacities or other enabling infrastructures; transferring technologies and know-how; and sharing pathogens and genomic sequences. Respondents also stated that provisions on financing, technical assistance and capacity-building must be explored with an equity lens.

[1] See Annex for list of substantive elements.

20. Some Member States called for equitable and inclusive representation and engagement of States, particularly low- and middle-income countries and for the participation and involvement of women, young persons, persons with disabilities, small island developing States, and other underrepresented populations in decision-making processes on pandemic preparedness and response.

21. Under the strategic pillar of leadership and governance, some comments noted that strengthening global leadership and coordination alongside community empowerment were crucial components for the management of future pandemics. It was suggested that one of the objectives of the potential international instrument should be to strive for unified global and national political commitment through appropriate Member State leadership and ownership.

22. Many respondents indicated that a whole-of-society and whole-of-government approach, with active and inclusive participation, needed to be reflected in the potential international instrument. Strengthening political commitment and unifying Member States towards a common agenda with better international coordination and cooperation was also suggested as a critical element. The importance of establishing legally binding obligations and compliance incentives for effective multilateral, cooperative pandemic responses was similarly noted. Other ideas to include under that pillar were: travel and trade guidance; regulation of the private sector; a global legal framework for research and development; policies to facilitate local production; availability and information sharing; and a mechanism to create common global guidelines for laboratories handling pathogens and other samples of pandemic potential.

23. Some comments contained proposals for introducing incentives to encourage the transfer and sharing of technology and know-how. Moreover, comments received suggested that the potential international instrument should be aligned with existing mechanisms and relevant authorities[1] to help to facilitate the development of its own platform. Additional feedback touched on benchmarking other United Nations initiatives throughout the potential international instrument as well as mapping and managing conflicts of interests.

24. Under the strategic pillar of systems and tools, building capacities for resilient and strengthened health systems was one of the leading comments.[2] Many comments stated the importance and need for information sharing to provide accurate and up-to-date data to prepare institutions and governments to better handle pandemic responses. Additional topics included: implementation of One Health national action plans and better integration of disease surveillance; tackling of misinformation and disinformation; strengthening of platforms for information exchange, including pathogen and genomic sequencing; and technology and know-how transfer.

25. Under the strategic pillar of financing, the comments suggested that the potential international instrument should be used to help to mobilize comprehensive emergency management capacities and funds as well as to provide equitable access to funding during crises. Member States recognized the importance of increasing national resources for preparedness and financing the support of research and development for new treatments and diagnostics. It was advised that WHO should be responsible for providing guidance on resource allocation. The submissions also proposed that contributions made by each Member State should be based on the ability to pay and should be kept separate from WHO core

[1] Such as the Access to COVID-19 Tools (ACT) Accelerator, the Conference of the Parties to the United Nations Framework Convention on Climate Change, the G20, the Joint External Evaluation, and the 2030 Agenda for Sustainable Development.

[2] This included through the development of universal health coverage, primary health care, health workforce and facilities, laboratory capabilities, and health education to communities.

funding. There was overall agreement that funding should be predictable and sustainable, in both the private and public sectors.

26. Some respondents structured their input based on four elements to include in the potential international instrument by pandemic phase: prevention, preparedness, response and recovery.

27. In terms of prevention, it was proposed that the potential international instrument should focus on: enhancing global early warning capacities; building resilient national health systems; fostering health literacy; strengthening regulatory systems and international cooperation; reducing pandemic threats by enhancing multisectoral action; and preventing inadvertent laboratory release of pathogens.

28. In terms of preparedness, comments addressed the need for building capacity to prevent, detect and respond to potential health emergencies by strengthening health systems. There was also a focus on enhancing tools and instruments for national preparedness; strengthening WHO and other relevant organizations; increasing national research and development in health; incentivizing international collaborations; and promoting community engagement, health education and simulated scenario exercises.

29. In terms of response, the comments suggested that tools could be enhanced through research and development; genomic sequencing at the national and regional levels; lessons learned from multistakeholder platform for example from the ACT-Accelerator; and equitable access to and distribution of countermeasures, manufacturing capacity and technology sharing. The comments highlighted the critical importance of equitable and timely access to and distribution of medical countermeasures, transparency in pricing and spending, prioritization of vulnerable populations, guidance on travel and trade measures, international cooperation for research and development, and a whole-of-government and whole-of-society approach with WHO collaboration.

30. In terms of recovery, some comments proposed restoring routine functions and addressing the backlog in diagnosis and treatment. Some Member States also expressed their support for additional measures to help patients experiencing long-term effects of disease, the establishment of an international fund to support injured communities, and actions to diversify capacities to further support equitable distribution of medical countermeasures and routine immunizations.

31. Some Member States also used the opportunity to propose new elements to include within the potential international instrument. They included, but were not limited to: setting up permanent national and/or regional multisectoral pandemic preparedness and response committees with multisectoral representation; introducing international travel and trade measures to respond to health emergencies, including isolation and quarantine measures and use of digital vaccine certificates; integrating human rights approaches, including non-discrimination, into pandemic response; removing intellectual property rights for tools during pandemics; promoting multistakeholder and multidisciplinary engagements, including in the areas of antimicrobial resistance, food, nutrition, climate and environment; encouraging research in support of access, affordability and availability of pandemic response measures; and devising procedures to seek assistance from experts or other States in line with respect for sovereignty and non-intervention in internal affairs under international law.

32. Six substantive elements under "elements from WHO instruments under the three relevant constitutional provisions" (5.1, 5.2, 5.3, 5.4, 5.5, 5.6)[1] received 100% "yes" responses from both categories of Member States and relevant stakeholders.

33. Equity was underscored as a critical and cross-cutting principle of the potential international instrument. Many respondents also proposed that transparency, accountability, solidarity, multilateralism, trust, non-discrimination, human rights, cooperation and a right to health should be guiding principles of the instrument.

34. Many Member States noted that the potential international instrument should clearly define objectives in order to generate a framework for international action, collaboration and strengthening of national health systems and to mobilize financial, technological and technical resources and assistance at both the national and international levels.

35. Some Member States commented that WHO should serve as the global and regional implementing body of the potential international instrument. Mention was also made of the added benefit of having an independent oversight body for monitoring, inspection and compliance of the instrument.

36. Other considerations and topics that were noted by respondents included: the need to define the word "pandemic" with specific criteria; compliance and penalties when States fail to comply with the instrument; added benefits for countries that join the instrument; detailed procedures on seeking assistance from other Member States; use of mobile laboratories and other digital technologies for sanitary and quarantine control or monitoring and forecasting of epidemics and pandemics; consideration of other global health threats such as climate change, chemical contamination, biosafety and biosecurity; and the role of traditional medicine. Member States acknowledged the need to avoid duplication of content with other committees and organizations (the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, the Working Group on Sustainable Financing, the World Bank). They also called for the establishment of national and regional focal points on pandemic preparedness and response, building on the IHR National Focal Points as well as the construction of a non-binding cooperative framework across major donors and the private sector, ultimately aligning with other reforms such as sustainably financing WHO.

[1] See Annex for list of substantive elements.

ANNEX

Strategic pillar	**Substantive element**
1. Equity	1.1. Access to lifesaving, scalable and safe clinical care, including mental health care
1. Equity	1.2. Access to quality, agile, and sustainable health services for universal health coverage
1. Equity	1.3. Access to technology and know-how
1. Equity	1.4. Affordability of pandemic response products, including medical countermeasures
1. Equity	1.5. Availability of and timely access to pandemic response products, including medical countermeasures
1. Equity	1.6. Equitable access to emergency financial mechanisms
1. Equity	1.7. Equitable gender, geographical and socioeconomic status representation and participation in global and regional decision-making processes
1. Equity	1.8. Equitable representation in global networks and technical advisory groups
1. Equity	1.9. Increased national, subregional and regional manufacturing capacity for pandemic response products, including medical countermeasures
1. Equity	1.10. National capacity strengthening to prevent, prepare for and respond to epidemics and pandemics, including for R&D
1. Equity	1.11. Pandemic countermeasure strategic stockpiles and their equitable distribution
1. Equity	1.12. Policy to safeguard vulnerable populations most affected by pandemics
1. Equity	1.13. Prioritize access to pandemic response products, including medical countermeasures for healthcare workers
1. Equity	1.14. Rapid, regular and timely pathogen and genomic sequence sharing and related benefit sharing, including for the development and use of diagnostics, vaccines and therapeutics
1. Equity	1.15. Scalable scientific and technical cooperation and collaboration
1. Equity	1.16. Strengthened national regulatory authority capacity on licensing medical countermeasures
2. Leadership and governance	2.1. Community readiness, resilience and engagement
2. Leadership and governance	2.2. Engagement of civil society, communities and non-State actors, including the private sector, as part of a whole-of-society-approach
2. Leadership and governance	2.3. Establishing appropriate governance arrangements to address and support pandemic prevention, preparedness and response, rooted in the WHO Constitution
2. Leadership and governance	2.4. Global and national political commitment, coordination and leadership
2. Leadership and governance	2.5. Global and regional governance and coordination
2. Leadership and governance	2.6. Global peer review mechanism to assess national, regional and global preparedness
2. Leadership and governance	2.7. Long-term development cooperation and investment in pandemic prevention, preparedness and response
2. Leadership and governance	2.8. Multisectoral engagement, as part of a whole-of-government and One Health approaches
2. Leadership and governance	2.9. Science and evidence-based policy decisions
2. Leadership and governance	2.10. WHO coordination with UN agencies and other intergovernmental organizations
3. Systems and tools	3.1. Accelerated innovative research to detect and contain emerging diseases
3. Systems and tools	3.2. Early warning, rapid investigation, risk assessment and rapid response for emerging zoonoses
3. Systems and tools	3.3. Establishing a skilled and trained global public health emergency workforce, deployable to support affected countries.
3. Systems and tools	3.4. Global and National measures to accelerate emergency approval procedures and capacity

Strategic pillar	**Substantive element**
3. Systems and tools	3.5. Global, effective and affordable supply chain and logistics networks
3. Systems and tools	3.6. Global, regional and national simulation and tabletop exercises
3. Systems and tools	3.7. Infodemic management, public information and risk communication
3. Systems and tools	3.8. Intelligence and timely information sharing
3. Systems and tools	3.9. National, regional and global diagnostics medicines and vaccines research and development processes
3. Systems and tools	3.10. Strengthening national regulatory authority
3. Systems and tools	3.11. One-health, including surveillance and laboratory capacity
3. Systems and tools	3.12. Enhancing national capacity for pathogen and genomic sequencing and its sharing for rapid pandemic risk assessment and global alert
3. Systems and tools	3.13. Preparedness assessment and national action plans
3. Systems and tools	3.14. Prevention strategies for epidemic-prone diseases
3. Systems and tools	3.15. Public health laboratory and diagnostic networks
3. Systems and tools	3.16. Rapid and scalable response systems
3. Systems and tools	3.17. Resilient health systems for universal health coverage and health security
3. Systems and tools	3.18. Risk and vulnerability mapping
3. Systems and tools	3.19. Standards and protocols for public health laboratory biosafety and biosecurity
3. Systems and tools	3.20. Sustainable support for national capacity, including to ensure an adequate number of health workforce with public health competency
4. Financing	4.1. Enhanced collaboration between health and finance sectors in support of universal health coverage, and as a means to support pandemic prevention, preparedness and response
4. Financing	4.2. Financing national capacity strengthening, including through enhanced domestic resources.
4. Financing	4.3. Rapid and effective mobilization of adequate financial resources to affected countries, based on public health need
4. Financing	4.4. Sustainable and predictable financing of global systems and tools, and global public goods
4. Financing	4.5. Sustainable funding to WHO to support its work
5. Elements from WHO instruments under the three relevant constitutional provisions	5.1. Definitions of key terms
5. Elements from WHO instruments under the three relevant constitutional provisions	5.2. Guiding principles
5. Elements from WHO instruments under the three relevant constitutional provisions	5.3. Scope
5. Elements from WHO instruments under the three relevant constitutional provisions	5.4. Objectives
5. Elements from WHO instruments under the three relevant constitutional provisions	5.5. Relationship with other agreements
5. Elements from WHO instruments under the three relevant constitutional provisions	5.6. Monitoring and institutional arrangements
5. Elements from WHO instruments under the three relevant constitutional provisions	5.7. Final provisions

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